



FDA Regulation of In Vitro Diagnostic Devices

Steven Gutman, M.D.



IVD Update

- ◆ People
- ◆ Workload
- ◆ Performance
- ◆ Current Activities
- ◆ Least Burdensome
- ◆ Strategic Plan



People

- ◆ New Commissioner -- Dr. McClellan
- ◆ New Deputy Commissioner – Dr. Crawford
- ◆ New Chief Counsel – Dan Troy
- ◆ Seasoned Center Director – Dr. Feigal
- ◆ New Center Organization – Linda Kahan
and Lillian Gill



People

- ◆ Deputy Office Director -- Don St. Pierre
- ◆ Deputy Division Directors -- Josie Bautista, Jean Cooper, Freddie Poole
- ◆ AD for Special Programs -- Joe Hackett
- ◆ Regulatory Program Advisor -- James Woods (detail)
- ◆ Legal Advisor for Regulatory Affairs -- Terri Garvin (detail)



People -- Programs

- ◆ Premarket Review
- ◆ CLIA categorization
- ◆ Genetics working group
- ◆ Bioterrorism initiatives
- ◆ TPLC initiative



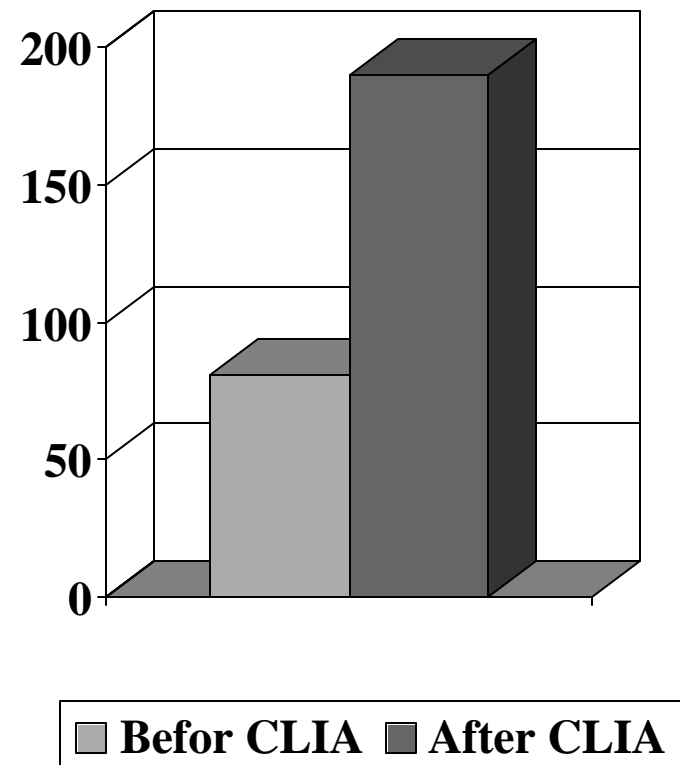
Number of Original 510(k)s

	# Originals
FY98	1014
FY99	915
FY00	733
FY01	679
FY02	629

Replacement Reagents

February 2000 - November 2001

- ◆ 330 add to the records for Replacement Reagents
 - ◆ An average of 190 per year
 - ◆ Before CLIA the average was 81 per year





Decreased 510(k)s

- ◆ Liberalization in modifications policies
- ◆ Increased use of ASR rule
- ◆ Laboratory cost constraint environment



FY02 510(k) Review Stats

	n	FDA time	MFG time	Total time
Trad.	552	70	21	91
Abbrev.	11	63	23	86
Special	66	23	6	29
3 rd Party	7	18	20	38



PMA Approvals

	Originals	Supplements
FY98	5	20
FY99	8	30
FY00	2	60
FY01	16	32
FY02	7 (221/45/266)	63



Approvals by Type of PMA/S

	Normal	Panel	Real-Time	30-day	Special
FY98	14	1	1	0	4
FY99	17	4	4	2	3
FY00	52	1	2	2	1
FY01	26	2	5	6	1
FY02	44	1	10	5	3

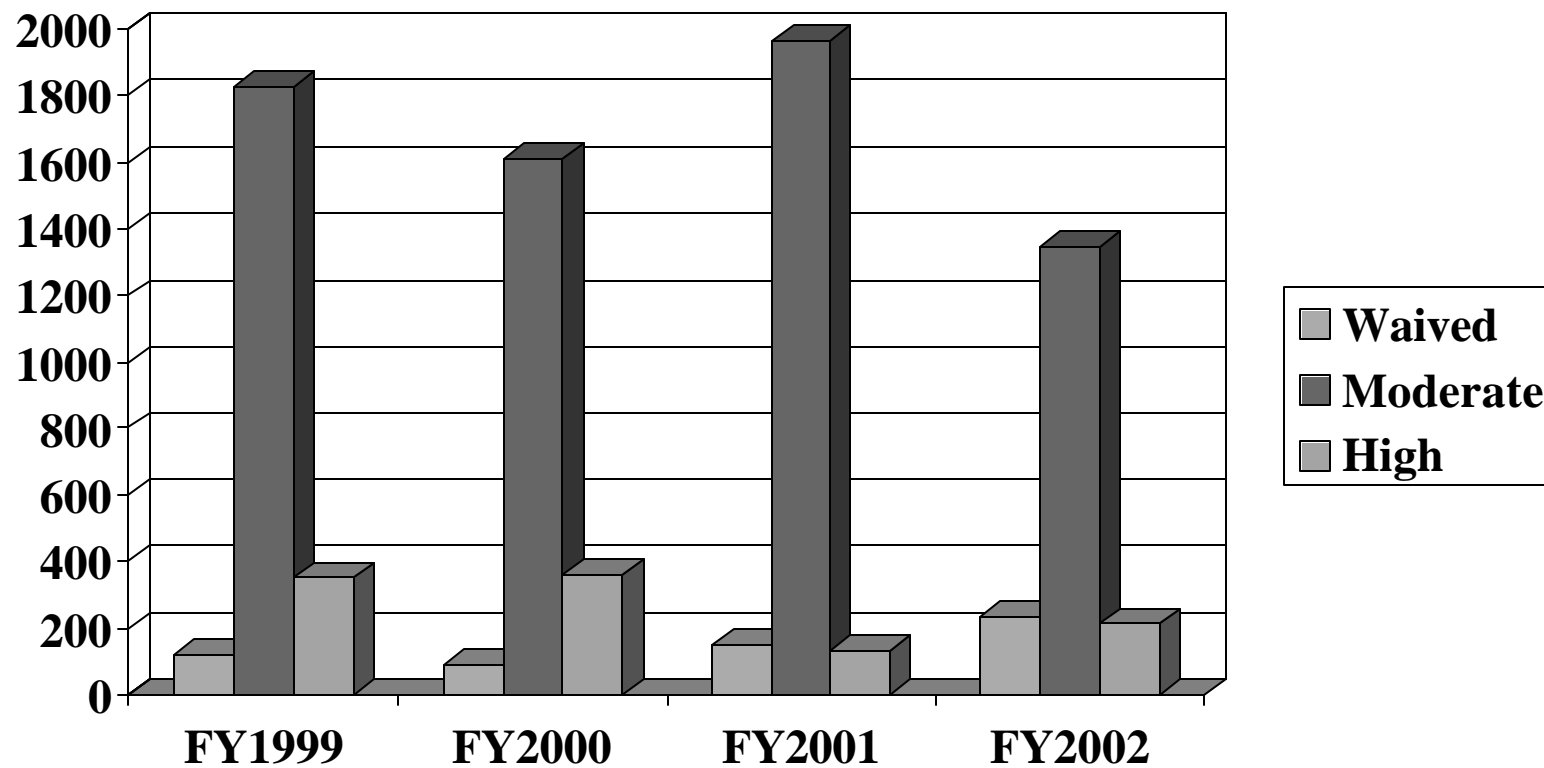


Other OIVD Documents

	Pre-IDE	Pre-IDE Supple.	IDE	IDE Supple.
FY98	46	4	6	12
FY99	55	10	1	11
FY00	64	11	3	8
FY01	85	16	1	10
FY02	87	30	4	9



CLIA Workload





CLIA Complexity Determinations

- ◆ Assigned to FDA in 1992
- ◆ Transferred to CDC in 1994
- ◆ Proposed rule in 1995 -- standards based approach requiring no inaccuracy
- ◆ Confounding language in FDAMA
- ◆ Interest in one stop shopping
- ◆ Transferred to FDA in 1999



Waiver Criteria

- ◆ Evolved over time
- ◆ Challenged by changing technology
- ◆ FDA public meeting -- broader criteria
- ◆ FDA guidance



CLIA Studies

- ◆ CMS pilot studies
- ◆ 32% labs lack instructions
- ◆ 32% have no QC
- ◆ 16% fail to follow instructions



Waiver Criteria

- ◆ CMS exerted authority
- ◆ Return to 1995 rule
- ◆ CMS working on refining authorities -- collaborative effort
- ◆ FDA active review following statute -- filtered through 1995 rule



Waiver Process is Complex

- ◆ Waiver by regulation -- 8 analytes
- ◆ Waiver through OTC -- a dozen analytes
- ◆ Waiver through 1995 rule criteria -- a dozen analytes



Non-Parallel

- ◆ OTC clearances are based on substantial equivalence standard
- ◆ Lay use equivalent to lab use
- ◆ Labeling is understandable
- ◆ Benefits outweigh risks



CLIA Program

- ◆ Awkward transition
- ◆ Current problem in non-congruent QC labeling
- ◆ High visibility device under consideration
- ◆ No final chapter



CLIA

- ◆ Need for education
- ◆ Opportunity for industry
- ◆ Opportunity for professional groups
- ◆ Opportunity for government



Genetics -- “home brews”

- ◆ “Home Brews” -- unregulated devices
- ◆ SACGT recommendations on the table
- ◆ FDA outlined possible responses – detailed action plan
- ◆ Risk based approach -- CBER
- ◆ New review tools



Pharmacogenomics

- ◆ Hackett initiative
- ◆ IVD version of Staff College
- ◆ Extensive internal and external outreach
- ◆ Two Round Tables -- Pharmacogenomics and TDM



Genetics Initiatives

- ◆ Final chapter not written
- ◆ ACLA meeting -- Dan Troy did indicate regulation remains an option
- ◆ Active exploration of how to pursue this



Diagnostics for Bioterrorism

- ◆Diagnostics central
- ◆CDRH not well funded
- ◆Internal resource re-direction
- ◆Independence



Diagnostics for Bioterrorism

- ◆ Complex regulatory issues and choices
- ◆ Complex scientific issues
- ◆ Fall out from environmental tests
- ◆ When is an environmental test diagnostic?



Antimicrobial Resistance Initiatives

- ◆ FDA not central, diagnostics are
- ◆ Area needing increased attention
- ◆ Inter-departmental plan in place
- ◆ Searching for mechanisms to aid technology transfer in this area
- ◆ Displaced by interest in bioterrorism



Industry Interests -- IVD Round Table



Quality Submissions

- ◆ IVD Workshop
- ◆ In conjunction with AMDM
- ◆ Unique and popular



Quality Guidances

- ◆ Guidances – Time and expertise intense
- ◆ Provide standardization
- ◆ Provide clarify
- ◆ Industry input
- ◆ FDA slow on uptake



Collaborative Problem Identification/Solving

- ◆ Alternative site testing the range
- ◆ Physiological problem identified
- ◆ FDA called a panel
- ◆ Industry formed glucose working group
- ◆ Industry directed guidance
- ◆ Peer pressure drove labeling



Educational Outreach

- ◆ Clarify new programs
- ◆ Q and A's
- ◆ Real Time PMA supplements
- ◆ De novo 510(k)s
- ◆ Pre-IDEs
- ◆ Posted on industry web pages



Future Milestone -- Labeling Initiatives

- ◆ Symbols
- ◆ International harmonized labeling -- ISO 212
- ◆ Better home use labeling
- ◆ Better labeling



Laboratory Interests -- Professional Round Table



Quality Submissions

- ◆ Clarification of program strengths and weaknesses
- ◆ Identification of collaborative activities
- ◆ Activist bridge AACC



Quality Guidances

- ◆ Less experience
- ◆ Rich perspective



Collaborative Problem Identification/Solving

- ◆ Communicate device issues
- ◆ Work with regulatory systems
- ◆ Develop better sharing of knowledge



Meet User Needs

- ◆ Heterogeneous community
- ◆ Variable resources
- ◆ Cost constraints
- ◆ Variable expectations



FDAMA

- ◆ Improved market access
- ◆ Least burdensome pathways
- ◆ Premarket to postmarket balance
- ◆ Increased interaction with industry



Least Burdensome

- ◆ Appropriate questions
- ◆ Appropriate thresholds
- ◆ Non-academic pursuits



Least Burdensome

- ◆ Matter of law
- ◆ Matter of policy
- ◆ Matter of spirit



Least Burdensome

- ◆ Two Guidance Documents
- ◆ Systems Approach -- ensure appropriate process applied to use of regulatory tools
- ◆ Review Guidance



Least Burdensome

- ◆ Review changes are profound
- ◆ Parallel genetics



Least Burdensome

- ◆ Shift to data summaries
- ◆ Shift to more focused labeling review
- ◆ Shift to use of clinical literature
- ◆ Shift to postmarket



Strategic Plan -- Goals

- ◆ Mission related
- ◆ Total Product Life Cycle
- ◆ Magnet for Excellence



Total Product Life Cycle

- ◆ Cradle to grave
- ◆ Seamless oversight



Intellectual Appeal

- ◆ **Premarket review limitation**
- ◆ Outdated law
- ◆ Snapshot approach
- ◆ Impact of scale-up
- ◆ Impact of wide-use



Intellectual Appeal

- ◆ **Postmarket review strengths**
- ◆ Quality system regulations
- ◆ Require quality assessment
- ◆ Require process controls
- ◆ Require corrective actions



Intellectual Appeal

- ◆ **Need for harmonization**
- ◆ **IVD directive**
- ◆ **JCTLM**
- ◆ **NIST/NCI/CAP initiatives**



Office of IVDs

- ◆ Product of cross office brain storming
- ◆ Not unique -- one program to promote TPLC
- ◆ Small number of players -- major structural change
- ◆ Merger of premarket with compliance and integration of postmarket into this unit



Office of IVDs

- ◆ Three divisions
- ◆ Compliance support staff
- ◆ Cross-office support



TPLC IVD Program

- ◆ Ideal target
- ◆ Stereotyped review issues
- ◆ Cadre of like minded scientists
- ◆ Rapidly emerging technologies
- ◆ Already multi-tasking



Office of IVDs

- ◆ What it means to you?
- ◆ Single organizational unit
- ◆ One stop shopping



Office of IVDs

- ◆ What it does not means to you?
- ◆ Change in premarket requirements
- ◆ Change in postmarket requirements



Office of IVDs

- ◆ What it could mean to you?
- ◆ Coordination improved
- ◆ Innovative programming encouraged
- ◆ Clearer expectations



Office of IVDs

- ◆ Objective -- TPLC
- ◆ Common technical base
- ◆ Faster response time
- ◆ Flatter more dynamic organization



Goals

- ◆ Increased transparency
- ◆ Uniform least burdensome approach
- ◆ Expedited technology transfer
- ◆ Improve connectivity and quality of work



Knowledge Based Initiative

- ◆ Internal sharing
- ◆ External sharing
- ◆ IVD Web Page



Patient Safety

- ◆ Transcend compliance and surveillance
- ◆ Emphasize education and information; enforcement when necessary
- ◆ Look at IVD specific refinements in existing programs



Patient Safety

- ◆ MedSun pilot
- ◆ Improved use of data inputs
- ◆ Laboratory safety tips
- ◆ Patient safety tips



Fortuitous Timing

- ◆ Changing health care environment
- ◆ Changing regulatory environment
- ◆ Changing administrative environment --
equation tipped toward access to technology
- ◆ Technological revolution -- numbers down
but innovations up



Precepts

- ◆ Improved connectivity
- ◆ Improved communication
- ◆ Improved assessment
- ◆ Expanded leveraging
- ◆ Search for forest instead of trees



Looking for Input

- ◆ Function
- ◆ Structure
- ◆ Introspective
- ◆ Reality checks



Core Mission

- ◆ Promote public health
- ◆ Apply good science
- ◆ Evolving program
- ◆ Relevant, focused, safe and effective